



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

JUL 06 2015

REPLY TO THE ATTENTION OF:

CERTIFIED MAIL NO.: 7009 1680 0000 7677 9371
RETURN RECEIPT REQUESTED

Mr. Gregory D. Smith, Coordinator
Hazardous and Radioactive Waste
Waste Management
Mayo Clinic
200 First Street SW
Rochester, Minnesota 55905

Re: Notice of Violation
Compliance Evaluation Inspection
EPA I.D. No.: MND083467688

Dear Mr. Smith:

On May 6, 2015, a representative of the U.S. Environmental Protection Agency inspected the Mayo Clinic facility located in Rochester, Minnesota (Mayo Clinic). As a permitted Hazardous Waste Storage facility and a large quantity generator (LQG) of hazardous waste, Mayo Clinic is subject to the Resource Conservation and Recovery Act, 42 U.S.C. § 6901 *et seq.* (RCRA). The purpose of the inspection was to evaluate Mayo Clinic's compliance with its Hazardous Waste Storage Permit, effective August 30, 2012, and the provisions of RCRA and its implementing regulations related to the generation, treatment and storage of hazardous waste. A copy of the inspection report is enclosed for your reference.

Based on information provided by Mayo Clinic, EPA's review of records pertaining to Mayo Clinic, and the inspector's observations, EPA has determined that Mayo Clinic violated its Permit, and a LQG regulation. EPA has identified the permit condition and LQG regulation with which Kato Engineering was out of compliance at the time of the inspection below.

Contingency Plan

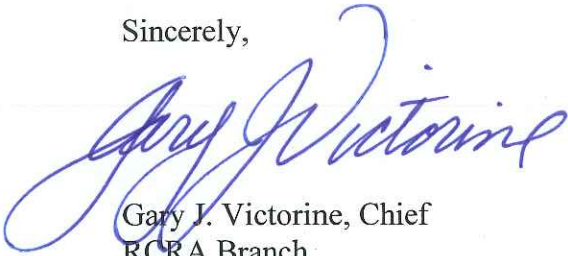
1. Under its Permit and Minn. R. 7045.0466 (D) [40 CFR § 265.52 (d)], Mayo Clinic (and LQG) must have a contingency plan for the facility that lists names, addresses and phone numbers (office and home) of all persons qualified to act as emergency coordinator. At the time of the inspection Mayo Clinic had not listed the home address of the alternate emergency coordinators.

2. Under its Permit and Minn. R. 7045.0466 (6) (D) [40 CFR § 265.54 (d)], a large quantity generator must immediately amend the contingency plan, whenever the list of emergency coordinators changes. At the time of the inspection Mayo Clinic had not amended the contingency plan, when the list of emergency coordinators changed.

After the inspection, as documented in a May 6, 2015 email to EPA, you took certain actions to establish compliance with Mayo Clinic's Permit and the LQG regulation. Based on the information received from Mayo Clinic on May 6, 2015, EPA is not planning additional enforcement actions based on this inspection at this time. This letter does not limit the applicability of the requirements evaluated, or of other federal or state statutes or regulations. EPA appreciates Mayo Clinic's cooperation.

If you have any questions regarding this letter, please contact Ms. Sharrow, of my staff, at 312.886.6199 or at Sharrow.Diane@epa.gov.

Sincerely,



Gary J. Victorine, Chief
RCRA Branch

Enclosure

cc: John Elling, Minnesota PCA (john.elling@state.mn.us)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 W. JACKSON BOULEVARD
CHICAGO, IL 60604

COMPLIANCE EVALUATION INSPECTION REPORT

INSTALLATION NAME: Mayo Clinic

EPA ID No.: MND 083 467 688

LOCATION ADDRESS: 200 First Street, South West, Rochester, Minnesota 55905

NAICS CODE(S): 621111 Offices of Physicians (except mental health specialists)

DATE OF INSPECTION: 6 May 2015

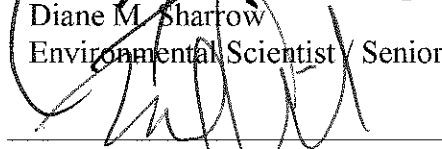
EPA INSPECTOR: Diane M. Sharrow
Environmental Scientist / Senior Inspector
Mail Code LR-8J
Land and Chemicals Division
RCRA Branch
Compliance Section 1
(312) 886-6199 Direct
(312) 692-2906 Facsimile
Sharrow.diane@epa.gov

PREPARED BY:


Diane M. Sharrow
Environmental Scientist / Senior Inspector

06-12-15
Date

APPROVED BY:


Michael Cunningham, Chief
Compliance Section 1
RCRA Branch

6-29-15
Date

INTRODUCTION

Purpose of Inspection

The purpose of the inspection was to conduct an unannounced Compliance Evaluation Inspection (CEI) at Mayo Clinic, located at 200 First Street, SW, Rochester, Minnesota. The CEI was conducted to evaluate Mayo Clinic's compliance with provisions of the Resource Conservation and Recovery Act (RCRA), and the state and federal regulations related to the generation, treatment and storage of solid waste, hazardous waste, used oil and universal waste.

Background

Mayo Clinic is a non-profit organization operating as a group practice, medical school and conducting medical research. A CEI to evaluate compliance with certain provisions of the RCRA, including those regulations related to the generation, treatment and storage of hazardous waste, as well as the Hazardous Waste Storage Permit (Permit) issued to Mayo Clinic and effective August 30, 2012, was last conducted at Mayo Clinic by staff of the Minnesota Pollution Control Agency (Minnesota PCA) on September 13, 2013. A Financial Record Review of Mayo Clinic was conducted by Minnesota PCA March 25, 2013.

Mayo Clinic notified the United States Environmental Protection Agency (EPA) that it was a large quantity generator (LQG) of hazardous waste on or about August 18, 1980. The original Permit issued to Mayo Clinic was effective February 2, 2006. Mayo Clinic operates a centralized hazardous waste accumulation and storage facility. This facility is located in the basement of the Baldwin Building and is called Storeroom B116 (see attached maps and floor plan). Storeroom B116 receives hazardous waste from seventeen (17) Mayo Clinic hazardous waste generators. These Mayo Clinic hazardous waste generators are mostly very small quantity generators (V-SQGs) and SQGs (some with State Identification numbers only), as well as three Large Quantity Generators (LQGs). Under the U.S. EPA Identification Number MND083467688, Mayo Clinic also operates as a LQG. Mayo Clinic is not subject to any on-going corrective action permit provisions.

Under their Permit, Mayo Clinic is permitted to accumulate and store hazardous waste identified as waste codes D001 through D043, F001 through F005, F027, all P and U waste codes, as well as Minnesota codes MN01 (characteristic of lethality) and MN03 (PCBs) in the centralized hazardous waste accumulation and storage facility known as Storeroom B116. The maximum storage allowed under the Permit is 2962 gallons, with 2200 gallons in 55-gallon containers (40 drums) and 762 gallons in 1-gallon containers.

OPENING CONFERENCE

I arrived at Mayo Clinic at approximately 8:00 A.M. CST. I located a parking structure garage close to the permitted address and parked my vehicle. I entered the Subway Level of Mayo Clinic's Downtown Campus and attempted to locate 200 First Street, SW. Failing in my attempts, I stopped at an Information Desk. I presented my Enforcement Credentials and a

business card to the woman staffing the Information Desk. I explained that I was trying to find the office of Gregory Smith, Hazardous and Radioactive Waste Coordinator in Waste Management. She looked up Mr. Smith's telephone number and contacted him. After speaking to Mr. Smith she explained that Mr. Smith would meet me at the Information Desk in a few minutes.

Mr. Smith arrived at the Information Desk about ten minutes later. I introduced myself to Mr. Smith and presented my enforcement credentials. I explained that the purpose of my visit was to conduct an unannounced CEI at Mayo Clinic. Mr. Smith then escorted me through the Mayo Clinic Campus Subway Level to his hazardous waste office area (Office).

Once we arrived at the Office I explained that the CEI would include a review of the Permit Operating Record and an LQG Records Review as well as a Visual Site Inspection (VSI). I briefly summarized the records that I would need to review and provided Mr. Smith with the U.S. EPA OECA Small Business Information Sheet. I informed Mr. Smith that Mayo Clinic could claim any information gathered during the CEI as Confidential Business Information (CBI) including: verbal information, documents and photographs.

Mr. Smith briefly summarized Mayo Clinic's operations. I asked Mr. Smith if he could provide me with a copy of a site diagram that we could use during the VSI. Mr. Smith provided me with Mayo Clinic Campus Maps and a diagram of the Baldwin Building (see attached). I explained to Mr. Smith I would be taking photographs, but that I would let him know if I was going to take a photograph so that: 1) he could also take a photograph; and 2) he could inform me whether my photograph captured images or information that Mayo Clinic wished to protect by asserting a claim of CBI. Mr. Smith did not make a CBI claim for any of the information gathered during the CEI. He did request that I not photograph any visitors or patients of the Mayo Clinic.

I asked Mr. Smith to verify that my personal safety equipment (steel-toed boots, hardhat, earplugs, and safety glasses with side shields) was adequate. Mr. Smith indicated that my safety equipment was adequate. I indicated that I would complete the Record Review first, and then conduct the VSI. Mr. Smith indicated that he would escort me during the VSI.

RECORDS REVIEW

As part of the Records Review I reviewed Mayo Clinic's Permit Operating Record. My review included Section C Waste Analysis, Section F Inspection Plan, Section G Contingency Plan, Section H Personnel Training and Section I Closure Plan, and the records required to be kept under those Sections. I also reviewed Mayo Clinic's hazardous waste manifests, Annual Reports and an electronic spreadsheet record that Mayo Clinic has developed that consolidates and contains all current waste analysis, manifest, and land disposal restriction information and data, as well as information on the recycling of universal waste such as batteries and lamps, and the shipment of used oil filters to C&D. According to Mr. Smith, Mayo Clinic utilizes this spreadsheet to prepare Annual Reports, compute costs and to prepare other documents. I also reviewed Mayo Clinic's Financial Assurance documentation (corporate guarantee) dated March 19, 2015, and tank certification records.

During my review of the Contingency Plan, I noted that Mr. Smith is the Emergency Coordinator. Mr. Smith indicated that Raymond Gladkowski and Peter Nitschke are the alternate Emergency Coordinators, but I noted that the Contingency Plan had not been updated to include the new alternate emergency coordinators, and that the home addresses of the emergency coordinators were not listed.

During the Records Review I asked Mr. Smith about Mayo Clinic's operation of the hazardous waste tank system as part of its LQG operations. He explained that Mayo Clinic generates hazardous waste when used solvent is poured into a single walled pipe on the 7th and 10th floors of the Baldwin Building. He further explained that the solvent is then gravity fed to a 100-gallon double-wall hazardous waste accumulation tank located inside its own room in the Baldwin Building.

I asked if the 100-gallon tank and the piping was labeled as hazardous waste and he said thought it was, but that we could verify the labeling as part of the VSI. Mr. Smith further explained that hazardous waste is pumped through double-walled, pressurized piping to a 400-gallon above ground storage tank (AST) located outside the Medical Science Building. He said that the tank system has a leak detection system, has continuous electronic monitoring as well as visually inspected. He indicated that the piping continues from the Baldwin Building to the AST that is located in a secure lot located outside the Building. He explained further that the AST is emptied every six weeks and manifested as hazardous waste to Clean Harbors.

VISUAL SITE INSPECTION

After completing the Records Review, Mr. Smith escorted me to the Room where the Solvent Tank is located (see Photographs 1 through 6). He pointed out the Control and Alarm System (see Photograph 1), the Tank System Diagram and Leak Procedures (see Photograph 2), the Pump System (see Photograph 3), the 100-gallon Solvent Tank labeled as Hazardous Waste (see Photograph 4) and the Tank System Piping (see Photographs 5 and 6).

Mr. Smith and I then exited the Room and made our way through the Baldwin Building to street level. We made our way to the Medical Sciences Building so I could visually inspect the AST. I noted that the AST is located outdoors in a lot with product ASTs, that the lot is fenced and locked, that the gate has a sign noting hazardous waste storage (see Photograph 7), that the AST is secondarily contained (see Photograph 8), and the AST is labeled as Hazardous Waste (see Photograph 9).

We then made our way to the Hazardous Waste Storage Area located in the Baldwin Building Basement in Storeroom B116 (see attached diagram and Photograph 10). I visually inspected all the containers and noted that they were all in good condition, and appropriately labeled, dated, closed and located on secondary containment. We then returned to the Office in the Baldwin Building.

During the VSI portion of the CEI, I took ten photographs with my Canon Power Shot A2500 digital camera, with 16 megapixel resolution. These photographs are attached to this inspection report and are true and representative of the conditions I observed on the date of the CEI.

CLOSING CONFERENCE

At the end of the CEI, I conducted a brief closing conference. I explained that I would review my notes, checklists and photographs and make a compliance decision. I also explained that I would send a letter to Mayo Clinic, along with the inspection report, checklists and photographs. I then concluded the CEI. Mr. Smith then escorted me through the Mayo Clinic Campus Subway to the entrance the parking structure. I departed the Mayo Clinic at approximately 12:00 P.M.

POST-INSPECTION

Prior to completion of this inspection report, Mr. Smith provided me with additional information and photographs in an e-mail dated May 6, 2015 (the date of the CEI). He documented that he had updated the Contingency Plan to include the change in alternate emergency coordinators and home addresses and submitted the amended Contingency Plan to the local authorities.

Attachment(s)

Inspection Checklists (TSDF & LQG)
Mayo Clinic Campus Maps & Baldwin Building Diagram
Photographs (10)

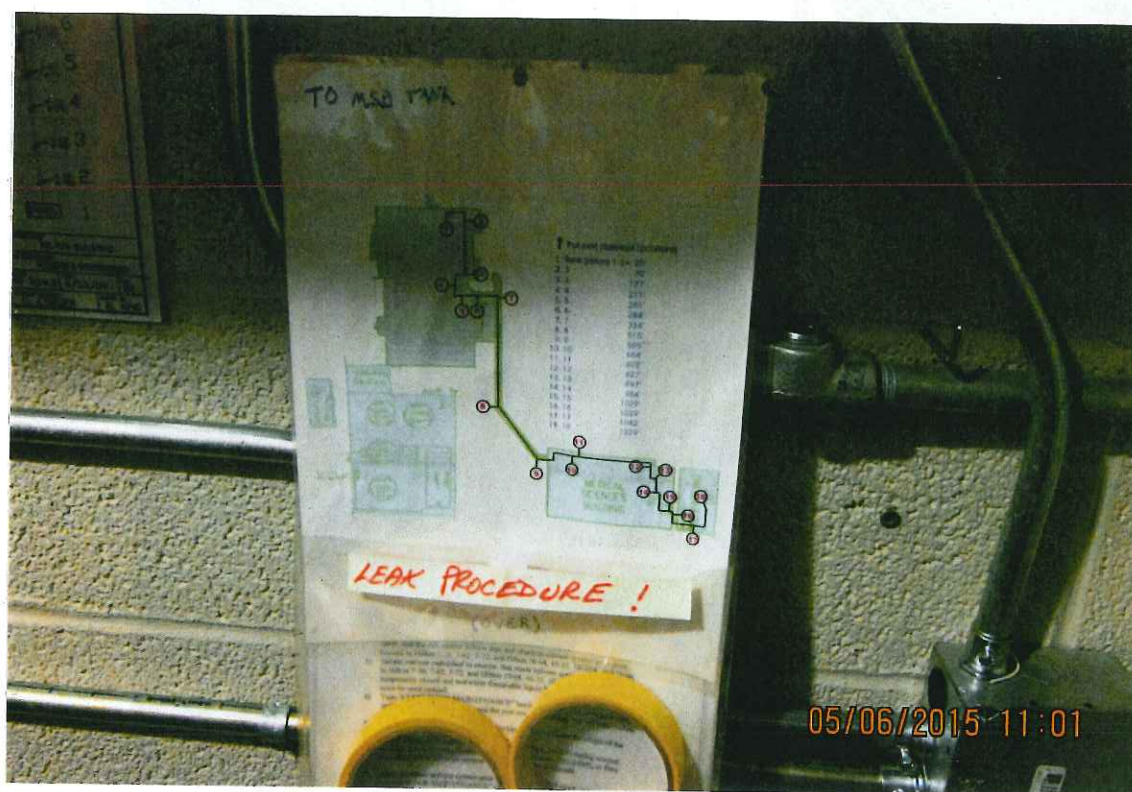
MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 1 of 10: Solvent Tank Control & Alarm System

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 2 of 10: Solvent Tank Leak Procedures & Diagram

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 3 of 10: Solvent Tank Pump System

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 4 of 10: Solvent Hazardous Waste Tank

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 5 of 10: Solvent Hazardous Waste Tank Piping

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 6 of 10: Solvent Hazardous Waste Tank Piping

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 7 of 10: Hazardous Waste Solvent Storage Tank Gate Posting

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 8 of 10: 6,000 Gallon Hazardous Waste Solvent Storage Tank

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN



PHOTOGRAPH 9 of 10: Hazardous Waste Solvent Storage Tank Labeling

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MAYO CLINIC
EPA ID: MND 083 467 688
Rochester, MN

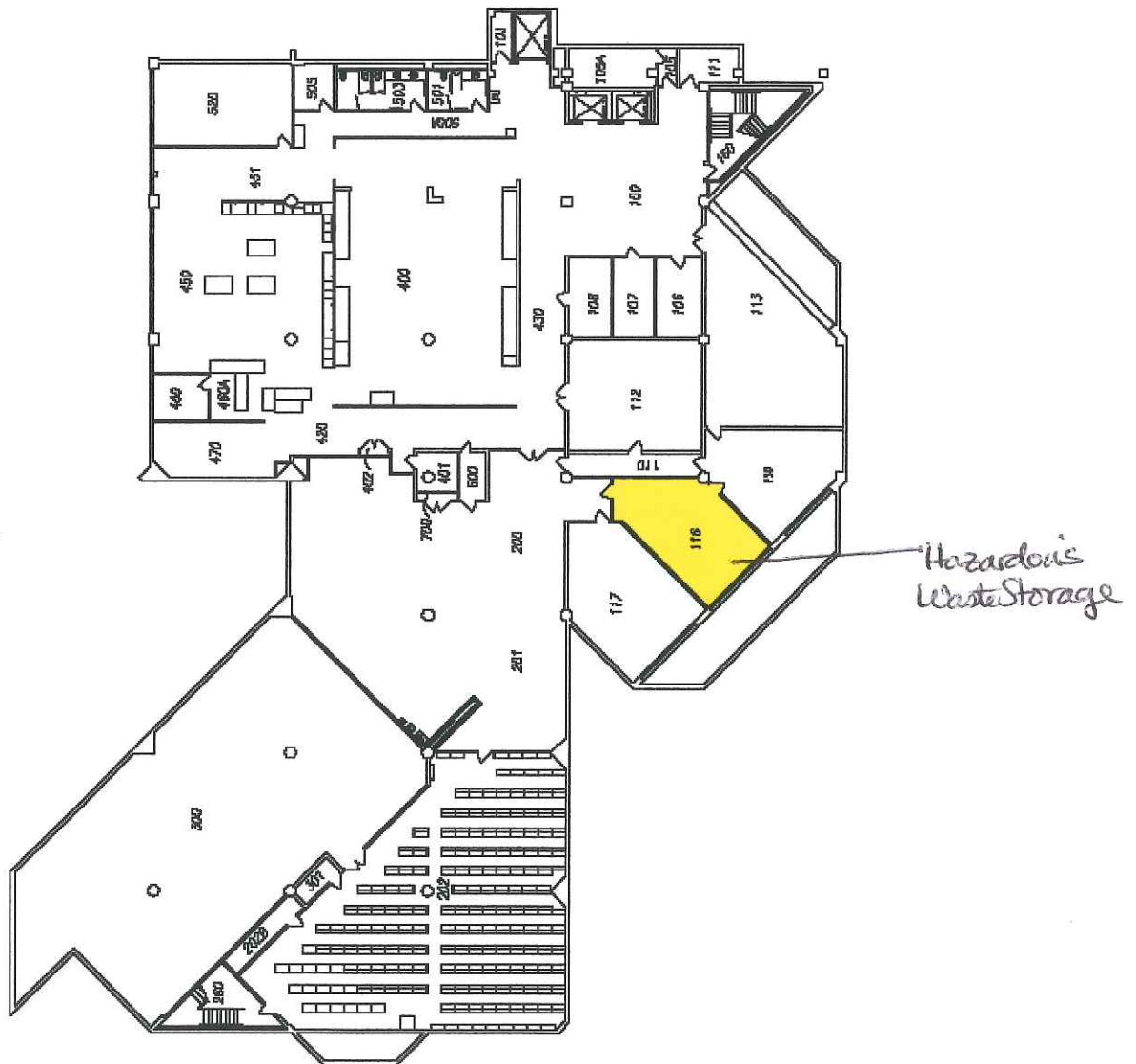
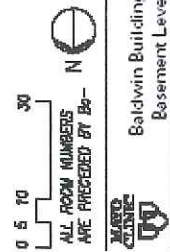


PHOTOGRAPH 10 of 10: Hazardous Waste Container Storage

Photographer D. Sharrow with Canon Power Shot A2500 Digital Camera, 16 megapixel resolution.

MND 083 467 688 Mayo Clinic

**Baldwin Building Basement Floor Plan
(Storeroom, B116, shown in yellow)**



Baldwin Building Basement Floor Plan

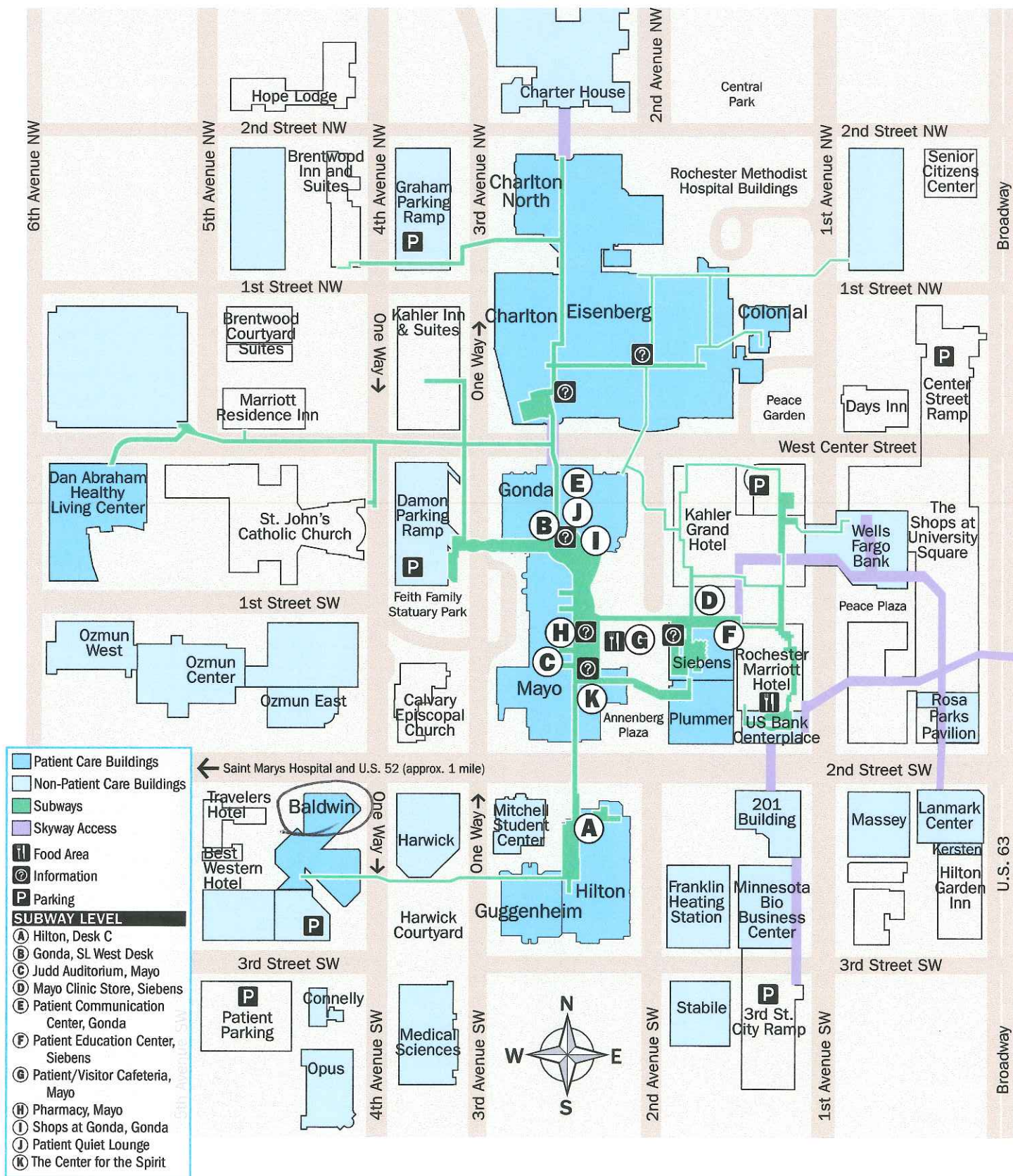
Rochester, Minnesota
Downtown Campus – Street Level



MAYO CLINIC

Rochester, Minnesota

Downtown Campus – Subway Level



Minnesota Pollution Control Agency

Report Title: Treatment, Storage, Disposal Facility (TSDF) Compliance Evaluation Inspection Checklist

Preferred ID: MND083167688

Regulated Party: Mayo Clinic (Rochester, MN)

Date: 5/6/15

Inspector: Diane Sharrow

FC: Licensing / EPA / Permits

Rule	Requirement	Compliance Status	Remarks
7045.1020 A	Metro Area - Does the Regulated Party have an approved license?	NA	
7045.0225 1	Outstate - Does the site have a current hazardous waste generator license?	✓	

FC: Waste Analysis Requirements

Rule	Requirement	Compliance Status	Remarks
7045.0458 2, A	Does the waste analysis plan contain parameters for analysis and rationale for selection of those parameters?	✓	
7045.0458 2, B	Does the Waste Analysis Plan contain test methods to fit the selected parameters? (including TCLP if appropriate)	✓	
7045.0458 2, C	Does the Waste Analysis Plan contain suitable methods of sampling?	✓	
7045.0458 2, D	Does the Waste Analysis Plan contain frequency of analysis / review information?	✓	
7045.0458 2, E	For off-site Regulated Parties, is a waste analysis supplied by each Regulated Party?	NA	
7045.0458 2, F	Does the Waste Analysis Plan consider other criteria including 1) LDR Criteria, 2) Vent & equipment leak test methods and procedures (RCRA organic air emissions, Subpart AA & BB) NOTE: These items are by referral to other rules and should be cited from those rules with reference from this rule.	✓	Mayo Clinic also on LQG (see LQG checklist) Mayo Clinic operations only. (17) generators, some with State
7045.0458 2, G, 1	Are there procedures to verify the identity the waste upon arrival at the facility from an off-site generator?	N/A	10 NCS - most VSQs/SQs & 3 LQGs

FC: Waste Analysis Requirements

Rule	Requirement	Compliance Status	Remarks
7045.0458 2, G, 2	Are there sampling methods to identify the waste upon arrival at the facility from an off-site generator(s), if needed?	NA	No offsite waste - Mayo Clinic operation only

FC: Operating Record

Rule	Requirement	Compliance Status	Remarks
7045.0478 2	Does the facility maintain a written operating record onsite?	✓	
7045.0478 3, A	For facilities receiving hazardous waste from off-site, does the operating record contain the names and identification numbers of the generators?	N.A.	
7045.0478 3, B	Does the operating record contain the date of arrival of each hazardous waste shipment and the transporter's name and identification number?	N.A.	
7045.0478 3, C	Is there a description and quantity of each hazardous waste received and the method(s) and date(s) of each waste's treatment, storage or disposal?	N.A.	
7045.0478 3, D	Does the operating record contain the location and quantity of each hazardous waste within the facility? For disposal facilities For disposal facilities, is there a map or diagram of the disposal area showing the location and quantity of each hazardous waste? [This information should be cross referenced to specific manifest numbers.]	✓	Storage Facility Only Running Inventory
7045.0478 3, E	Are there records and results of all waste analyses, trial tests, monitoring data, and operator inspections including process vent and equipment leak test methods, procedures, and record keeping requirements (Subpart AA & BB)?	✓	
7045.0478 3, J	Are there closure and post-closure cost estimates?	✓	

FC: Operating Record

Rule	Requirement	Compliance Status	Remarks
7045.0478 3, L	Is the certification signed by owner/operator or authorized rep?	✓	

FC: General Facility Requirements

Rule	Requirement	Compliance Status	Remarks
7045.0452 3, A	If facility receives hazardous waste from outside the US, has the facility given written notice to MPCA and EPA Reg.5 regarding receipt of hazardous waste from a foreign source?	NA	
7045.0452 5, C	Is the inspection frequency for items in the inspection schedule based on possible deterioration rates of equipment? AND Are areas subject to spills inspected at least daily when in use?	✓	

FC: Waste Evaluation

Rule	Requirement	Compliance Status	Remarks
7045.0458 2	Does the facility have a detailed waste analysis plan on site?	✓	

FC: Preparedness & Prevention

Rule	Requirement	Compliance Status	Remarks
7045.0462 2	Are hazardous wastes managed to prevent releases?	✓	
7045.0462 3, A	Does the facility have internal communications or alarm system capable of providing immediate emergency instruction?	✓	yes 3 types → phone, body monitors + handheld radios/c.p.
7045.0462 3, B	Is there an emergency telephone or device immediately available for summoning outside emergency responders?	✓	

FC: Preparedness & Prevention

Rule	Requirement	Compliance Status	Remarks
7045.0462 3, C	Does the facility have fire control, spill control, and decontamination equipment?	✓	
7045.0462 3, D	Is water available in adequate volume for all fire control needs?	✓	

FC: Storage Requirements

Rule	Requirement	Compliance Status	Remarks
7001.0520 1	Does the Regulated Party have a storage permit?	✓	

FC: Manifests

Rule	Requirement	Compliance Status	Remarks
7045.0261 7	Do manifests contain ALL of the following?: Manifest document number, generator data, transporter data, facility data, waste data, required signatures & dates, and a 24 hour emergency number. (document problem manifests in remarks and Description of Violation)	✓	
7045.0298	If applicable, has the generator submitted to the MPCA an exception report for manifest copies not received back from the TSDF within 45 days of the date the waste was initially shipped?	NA	
7045.0294 1	Are signed facility copies of manifests available for review for 3 years from the date material was accepted by the initial transporter?	✓	
7045.0474 2, A	If the facility accepts hazardous waste from off-site: a. Does the facility sign and date each manifest?	NA	

FC: Manifests

Rule	Requirement	Compliance Status	Remarks
7045.0474 2, B	b. If applicable, are any discrepancies noted directly on the manifest?	✓	
7045.0474 2, D	c. Send a manifest copy to the generator and MPCA within ten days after delivery?	✓	
7045.0474 2, E	d: Retain manifest copies for at least three years from the date of delivery?	✓	
7045.0476 3, C	f. If applicable, notify the MPCA immediately if hazardous waste is delivered that facility is not permitted to manage?	NA	

FC: Land Disposal Restrictions

Rule	Requirement	Compliance Status	Remarks
268.7 (a), (2)	For waste or contaminated soil that does not meet treatment standards, has the Regulated Party sent a one-time land disposal restriction notification to the receiving treatment or storage facility? Is a copy of the notification available at the Regulated Party's site? Have new notifications been sent when there are changes in waste streams and to any new receiving facilities?	Part 1 ✓ Part 2 ✓ Part 3 ✓	
7045.1315 2	Does the treatment facility test its wastes in accordance to the frequency specified in their waste analysis plan?	N/A	
7045.1315 2, A	For wastes with treatment standards expressed in concentrations in the waste extract, has the treatment facility tested treated waste residues or an extract of the residues and does the test method comply with federal requirements?	N/A	
7045.1315 2, C	For wastes with treatment standards expressed in concentrations of the waste, has the treatment facility tested the treated waste residues (not an extract)?	NA	

FC: Land Disposal Restrictions

Rule	Requirement	Compliance Status	Remarks
7045.1315 2, F	For waste or treated residue that is further managed at a TSD facility, has the TSD sending the waste or treatment residues complied with generator notification and certification requirements?	NA	

FC: Personnel Training

Rule	Requirement	Compliance Status	Remarks
7045.0454 2	Does the Regulated Party have a Training Program Director trained in hazardous waste management procedures?	✓	Monthly Mtg/Training
7045.0454 1	Have all Regulated Party personnel who manage hazardous waste completed a training program (within 6 months of hire or transfer) that teaches the correct performance of their duties both in normal times and in times of emergency?	✓	
7045.0454 6, B	Do the records contain job descriptions?	✓	
7045.0454 6, C	Do the records contain descriptions of training?	✓	
7045.0454 4	Have new employees completed hazardous-waste-management training within 6 months of hiring or assignment to a new position?	✓	
7045.0454 5	Have employees received annual review of hazardous-waste-management training at least once per calendar year?	✓	
7045.0454 7	Are employee training records retained for the lifetime of the facility or for three years after an employee leaves?	✓	

2015

FC: Contingency Plan			
Rule	Requirement	Compliance Status	Remarks
7045.0466 2	Does the facility have a contingency plan?	✓	
7045.0466 5, B	Has a copy of the contingency plan been submitted to local police and fire departments, hospital or medical facility and other emergency response teams?	✓	Revision of Emergency Coordinator list sent week 5/6/15
7045.0466 4, A	Does the plan specify emergency response actions and procedures?	✓	Date of inspection
7045.0466 4, C	Has the facility made and documented emergency arrangements with local authorities (fire dept., police, local hospital, and other potential emergency responders)?	✓	
7045.0466 4, D	Does the plan list emergency coordinator address and phones data? AND Do emergency coordinators have the authority to act (commit resources)?	✓	Chemical Spill Team Change in Emergency Coordinator list sent 5/6/15
7045.0466 4, E	Does the plan list emergency equipment and include its location and a physical description of each?	✓	Spill kits as necessary
7045.0466 4, F	Is there an evacuation plan?	✓	
FC: Closure / Post-Closure			
Rule	Requirement	Compliance Status	Remarks
7045.0486 3	Does the facility have an approved closure plan?	✓	
7045.0486 3, A	Does the closure plan include: 1. A detailed description of how each hazardous waste unit will be closed, and how the facility will finally be closed?	✓	

FC: Closure / Post-Closure

Rule	Requirement	Compliance Status	Remarks
7045.0486 3, B	2. An estimate of the maximum inventory of hazardous waste ever stored on-site during the active life of the facility and a detailed description of methods to be used during partial and final closure of the facility?	✓	
7045.0486 3, C	3. A detailed description of steps needed to remove or decontaminate residual hazardous waste and equipment at the site?	✓	
7045.0486 3, E	4. A schedule for closure of each hazardous waste unit and final closure of the facility?	✓	
7045.0486 3, F	For facilities that use trust funds to establish financial assurance: Does the facility have an estimate of the expected year of closure?	N/A	
7045.0486 4	Did the facility properly amend the closure plan, if required?	✓	
7045.0502 1	Does the facility have a closure cost estimate?	✓	Dated 3/19/15 Corporate Guarantee
7045.0502 2	Do the cost estimates include adjustments for inflation?	✓	" "
7045.0490 2	For Disposal Facilities and specified others, does the Regulated Party have an approved post-closure plan?	NA	
7045.0490 3, A	Does the Postclosure Plan include a detailed description of the planned monitoring activities and frequencies at which they are performed after closure?	NA	
7045.0490 3, B	Does the Postclosure Plan include a description of the planned maintenance activities and the frequencies at which they will be performed after closure?	NA	

FC: Closure / Post-Closure			
Rule	Requirement	Compliance Status	Remarks
7045.0490 3, C	Did the facility properly amend the Postclosure Plan, if required?	NA	
7045.0506 1	Does the facility have current cost estimates for postclosure monitoring and maintenance requirements?	NA	
7045.0506 2	Do the cost estimates include yearly adjustments for inflation?	✓	
7045.0508 1	Does the facility have financial assurance for postclosure care?	✓	
FC: Corrective Action (at a TSD Facility)			
Rule	Requirement	Compliance Status	Remarks
7045.0485 1	Is the Regulated Party undertaking corrective action as necessary for all releases to the environment, to protect human health and the environment?	NA	
7045.0485 2	Does the Regulated Party's permit contain schedules of compliance for required corrective action?	N/A	
7045.0512 1	Does the Regulated Party have a written estimate of the cost to perform corrective action?	N/A	
7045.0512 2	Is there a yearly update of the cost estimate for corrective action?	N/A	
7045.0514 1	Is there assurance of financial responsibility for completing corrective action?	N/A	

DMS

MND

083 167 688

FC: Transporters			
Rule	Requirement	Compliance Status	Remarks
7045.0302 4	If facility imports hazardous waste from a foreign country, are manifest requirements met? (Generator EPA ID not needed. Importer's address and signature can replace generator's.)	N/A	
FC: Record Keeping Requirements			
Rule	Requirement	Compliance Status	Remarks
7045.0454 6, A	Do the records contain job titles?	✓	

RCRA Permit/License: Exp Date 08/30/2017
 Eff. 08/30/2012 No. CA
Container Storage
 HWTank

Minnesota Pollution Control Agency

Report Title: Large Quantity Generator (LQG) Compliance Evaluation Inspection Checklist

Preferred ID: MND 083 467688 Regulated Party: Mayo Clinic (Rochester, MN)

Date: 5/6/15

Inspector: Diane Sharrow

G1: Licensing / EPA / Permits

Rule	Requirement	Compliance Status	Remarks
7045.0221	Has Regulated Party obtained a generator identification number?	✓	
7045.1020 A	Metro Area - Does the Regulated Party have an approved license?	NA Not Metro	
7045.0225 1	Outstate - Does the site have a current hazardous waste generator license?	✓	
7045.0230 1, B	Outstate - Did the Regulated Party include all hazardous waste streams on its license application?	✓	
7045.0225 2	Is the Regulated Party's license displayed in a public area at the licensed site?	✓	
7001.0520 1, A	Does the Regulated Party operate as a TSD without a permit?	NA →	Mayo Clinic a permitted / licensed Storage Facility + an LQG.
MS 116.48 1	Are aboveground tanks >500 G registered with the MPCA? Are underground tanks registered with the MPCA? NA	✓	1 Storage Tank System

G1: Waste Evaluation

Rule	Requirement	Compliance Status	Remarks
7045.0214 1	Have wastes been evaluated within 60 days of the date they were initially generated?	✓	
7045.0294 3	Are test result records of waste analyses kept for 3 years from the last time the waste was sent to a TSDF (on- or off-site)?	✓	

G1: General Management for Generators

Rule	Requirement	Compliance Status	Remarks
7045.0208 1	Is hazardous waste properly disposed of?	✓	
7045.0208 1, E	Does the Regulated Party comply with the POTW requirements for sewered hazardous waste?	NA	
7045.0294 5	Are the required records (training, analytical results, inspection reports, license renewal app, exception reports, manifests) located at the licensed site and available for inspection?	✓	
7045.0568 1	Have emergency response arrangements been made with local authorities and outside providers? (fire, police, local hospital, emergency responders)	✓	see TSDf Checklist List of Emergency Coordinators updated + Sent 5/6/15.
7045.0568 3	Has the Regulated Party documented in its operating record the arrangements made with local emergency authorities?	✓	
7045.0655 3, A	If there is an elementary neutralization unit, a pretreatment unit and/or waste water treatment unit, does the owner or operator conduct timely inspections of the unit(s) for malfunction, deterioration, operator error and discharges?	NA	
7045.0655 3, B	If there is an elementary neutralization unit, a pretreatment unit and/or waste water treatment unit, does the Regulated Party follow a written inspection schedule for inspection of all monitoring equipment, safety and emergency equipment, security devices and operating and structural equipment?	NA	
7045.0655 3, E	If there is an elementary neutralization unit, a pretreatment unit and/or waste water treatment unit, are all applicable inspection (and repair) records (logs) kept for at least 3 years and available on-site?	NA	
7045.0845	Does the Regulated Party properly manage used oil?	✓	Containers only
7045.0895 4	Has used oil accepted from or given to another business to be burned for energy recovery been tested to determine that it is on-specification?	NA	

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G1: General Management for Generators

Rule	Requirement	Compliance Status	Remarks
7045.0855 4, C	Does the Regulated Party keep records of every shipment of used oil leaving the generator site for at least three years?	✓	
7045.0805	Does the Regulated Party properly manage used oil-contaminated waste?	✓	
7045.0855 4, C	Does the Regulated Party keep records of every shipment of used oil-contaminated waste leaving the generator site for at least three years?	✓	
7045.0990	Is the Regulated Party properly managing used oil filters?	NA	old used oil filters
7045.0990 3, C, 3	Does the Regulated Party keep records of all used oil filters taken off-site by used oil-filter transporters for at least three years?	NA	

G1: Preparedness & Prevention

Rule	Requirement	Compliance Status	Remarks
7045.0566 2	Is hazardous waste managed to prevent or minimize releases?	✓	
7045.0566 3, A	Is a suitable alarm or communication system in place to provide emergency instructions to Regulated Party personnel?	✓	
7045.0566 3, B	Is emergency communication equipment available to summon outside emergency responders?	✓	
7045.0566 3, C	Is fire control equipment, decontamination equipment, and spill control equipment available?	✓	Sprinklers

G1: Preparedness & Prevention

Rule	Requirement	Compliance Status	Remarks
7045.0566 3, D	Is water available in adequate volume for fire control (i.e., firehose, sprinkler system and/or foam equipment) ?	✓	
7045.0566 4	Is emergency equipment tested and maintained?	✓	
7045.0566 5	Does the Regulated Party provide all personnel involved in hazardous waste being poured, mixed, spread, or otherwise handled with immediate access to an internal alarm or emergency communication device?	✓	
7045.0566 6	Is aisle space adequate for emergency operations (like fire fighting, spill cleanup, etc)?	✓	
7060.0600 2	Has the Regulated Party discharged waste or pollutants to the unsaturated zone, through spills, dumping, sewerage or other means?	NA	
7045.0275 2	If the Regulated Party had a release to the environment did the Regulated Party immediately notify the agency?	NA	
7045.0275 3	If the Regulated Party has had a release, did the Regulated Party recover as rapidly and as thoroughly as possible, any HW that has leaked, spilled, or otherwise escaped a container?	NA	
7045.0855 2, D	Upon detection of a release of used oil to the environment (not originating from a UST) did the Regulated Party stop the release, contain the released used oil, clean up and manage properly the released used oil and other materials contaminated with used oil, and repair or replace any leaking used oil storage equipment prior to returning it to service to prevent future releases?	NA	

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G1: Storage Requirements

Rule	Requirement	Compliance Status	Remarks
7045.0292 1, F	Are hazardous waste containers & tanks properly labeled with the words "Hazardous Waste" and a description that clearly identifies their contents to employees and emergency personnel?	✓	150 gallon solvent tank system meets Subparts AA, BB, CC
7045.0292 1, C	Are hazardous waste containers and tanks labeled with the waste accumulation start date and is it visible for inspection? <u>OR</u> Is the accumulation start date recorded in a clear and legible log for non-shipping containers or tanks?	✓	Storage tank part of Storage Permit (see TSDF Checklist)
7045.0292 1, A	Has the generator stored HW for more than 90 days beyond the waste accumulation start date?	NA	
7045.0292 1, D	Are hazardous waste storage areas (outdoors) protected from unauthorized access and inadvertent damage from vehicles & equipment?	✓	Tank in TSDF permit - gated, fenced + locked
7045.0292 1, E	Are hazardous waste containers that hold free liquid placed on an impermeable containment surface? If outdoors, is the surface curbed?	✓	
7045.0626 2, A	Are hazardous waste storage containers in good condition and leakproof?	✓	
7045.0626 2, B	Are there suitable leakproof covers for the hazardous waste containers?	✓	loose funnel - tightened
7045.0626 3	Are hazardous waste storage containers compatible with the waste stored in them?	✓	
7045.0626 4	Are hazardous waste storage containers closed? Are waste containers which can be degraded when exposed to moisture or sunlight covered by an overhead roof or other suitable covering that does not hide the labels?	✓	
7045.0626 5	Are weekly inspections of hazardous waste containers and their storage areas conducted AND documented?	✓	daily inventory

G1: Storage Requirements

Rule	Requirement	Compliance Status	Remarks
7045.0626 6	Are incompatible wastes adequately separated?		
7045.0292 8, B,2	Are satellite accumulation containers properly labeled with "Hazardous Waste" and a clear description of their contents?		
7045.0292 8, C,2	For satellite accumulation containers, if located away from the point of generation, are they inspected weekly, and are written records kept?		
7045.0292 8, D,1	For satellite accumulation containers, is fill date marked on the containers?		
7045.0292 8, D,2	For satellite accumulation containers, are they moved within 3 days of fill date to storage area?		
7045.0855 2, C	If used oil is stored, is it stored in containers or tanks that are in good condition, stored on impermeable surfaces, kept closed, and labeled "Used Oil" (including tanks, containers and piping)?		
7045.0855 2, C	Are wastes contaminated with used oil stored in containers or tanks that are in good condition, on impermeable surfaces, closed, and labeled "Used Oil" or "Used Oily Waste"?		
7045.0990 3, A	If used oil filters are stored, are they stored in containers that are closed, leakproof and labeled "Used Oil Filters"?		
273.14 (a)	Are universal waste batteries (each battery), or a battery storage container, labeled with: "Universal Waste-Battery(ies)," or "Waste Battery(ies)," or "Used Battery(ies)"?		
273.13 (a)	Are universal waste batteries (lead acid, NiCad, etc) that show evidence of leakage, spillage, or damage stored in a closed, structurally sound, compatible container?		

G1: Storage Requirements

Rule	Requirement	Compliance Status	Remarks
273.14 (e)	Are containers of universal waste lamps labeled with: "Universal Waste-Lamp(s)" or "Waste Lamp(s)" or "Used Lamp(s)"?	✓	
273.13 (d)	Are universal waste lamps stored in closed containers that are structurally sound, adequate to prevent breakage, and compatible? Do containers lack evidence of leakage, spillage, or damage?	✓	
273.13 (c)	Is mercury containing equipment stored in closed containers that are structurally sound, compatible with the contents of the device? Does the container lack evidence of leakage, spillage, or damage?	✓	Batteries
273.14 (d)	Is mercury containing equipment (i.e. each device) or a container in which the equipment is contained labeled with: "Universal Waste - Mercury Containing Equipment," "Waste Mercury-Containing Equipment," or "Used Mercury -Containing Equipment"?	✓	Batteries

G1: Manifests

Rule	Requirement	Compliance Status	Remarks
7045.0261 1	Are shipments of hazardous waste made without using a manifest? (exceptions for VSQGs)	NA	
7045.0261 7	Do manifests contain ALL of the following?: Manifest document number, generator data, transporter data, facility data, waste data, required signatures & dates, and a 24 hour emergency number. (document problem manifests in remarks and Description of Violation)	✓	
7045.0265 1, D	Have copies of manifests signed by the generator and transporter been sent to the MPCA within five working days of the initial transporter's acceptance of the waste?	✓	
7045.0265 4, A	Have copies of manifests signed by the facility been sent to the MPCA within 40 days of the acceptance of the waste by the facility?	✓	

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G1: Manifests

Rule	Requirement	Compliance Status	Remarks
7045.0298	If applicable, has the generator submitted to the MPCA an exception report for manifest copies not received back from the TSDF within 45 days of the date the waste was initially shipped?	NA	
7045.0294 1	Are signed facility copies of manifests available for review for 3 years from the date material was accepted by the initial transporter?	✓	
7045.0302 1	If Regulated Party exports hazardous waste, are all applicable rules being complied with? (notification, consent, EPA acknowledgement of consent, shipping papers or manifests, etc)	NA	No exports

G1: Land Disposal Restrictions

Rule	Requirement	Compliance Status	Remarks
268.7 (a), (2)	For waste or contaminated soil that does not meet treatment standards, has the Regulated Party sent a one-time land disposal restriction notification to the receiving treatment or storage facility? Is a copy of the notification available at the Regulated Party's site? Have new notifications been sent when there are changes in waste streams and to any new receiving facilities?	✓	

G1: Personnel Training

Rule	Requirement	Compliance Status	Remarks
7045.0558 1	Have employees that manage hazardous waste completed a hazardous waste training program?	✓	
7045.0558 2	Does the Regulated Party have a hazardous waste program director trained in hazardous waste management procedures?	✓	
7045.0558 3	Does the training program include hazardous waste management and emergency response procedures relevant to the positions held by facility personnel?	✓	

G1: Personnel Training

Rule	Requirement	Compliance Status	Remarks
7045.0558 4	Are new employees trained in hazardous waste management within 6 months of hire or transfer?	✓	
7045.0558 5	Is refresher training regarding the management of hazardous waste provided at least once per calendar year?	✓	
7045.0558 6, A	Does the Regulated Party maintain training records which include a job title for each position at the facility related to hazardous waste?	✓	
7045.0558 6, B	Do the records include a job description for each position related to hazardous waste?	✓	
7045.0558 6, C	Is a written description of the type and amount of training (initial & continuing) documented for each position related to hazardous waste?	✓	
7045.0558 6, D	Has the Regulated Party kept records that document that the initial training and annual review training has been given?	✓	
7045.0558 7	Have training records been maintained for lifetime of facility (or 3 years after an employee leaves.)?	✓	

G1: Contingency Plan

Rule	Requirement	Compliance Status	Remarks
7045.0572 2	Does the Regulated Party have a contingency plan?	✓	
7045.0574 1	Does the Regulated Party have an Emergency Coordinator on-site or on-call, and does s/he have authority to act (commit resources?)	✓	

GI: Contingency Plan

Rule	Requirement	Compliance Status	Remarks
7045.0572 4, A	Does the contingency plan specify employees' emergency response actions?	✓	
7045.0572 4, C	Does the plan describe arrangements agreed to with local emergency responders?	✓	
7045.0572 4, D	Does the plan include up-to-date name, address and Home and Work phone numbers for emergency coordinators?	✓	one person on emerg coord list needed to be updated
7045.0572 4, E	Does the contingency plan include an up-to-date emergency equipment list?	✓	
7045.0572 4, F	Is there an evacuation plan for employees that includes signals used to begin evacuation, and primary and alternate evacuation routes?	✓	
7045.0572 5, A	Is a copy of the contingency plan maintained on-site?	✓	
7045.0572 5, B	Have copies of the contingency plan been submitted to local authorities and emergency response teams?	✓	Revision of Emerg Coord submitted 5/6/15
7045.0572 6	Has the contingency plan been amended when necessary? (rule change, emerg. eqpt change, process change, emerg. coord. change, plan failed)	✓	→ emerg coord change.

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